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Enforcement of Smoke-Free Area (KTR) Policies by Regional Governments from the Perspective of Protecting the Right to Health

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Abstract. *This research focuses on the implementation of Smoke-Free Area (SFA) policies by local governments in Indonesia, particularly in relation to the fulfillment and protection of the right to health. Using a normative legal research design, this study utilizes legal and conceptual approaches to examine constitutional norms, sectoral health legislation, and regional regulatory instruments governing smoke-free environments. The analysis shows that, at the normative level, the applicable legal framework has provided adequate authority to local governments to designate smoke-free areas, carry out oversight functions, and impose administrative sanctions. However, practical enforcement of these policies remains suboptimal, hampered by inadequate oversight systems, institutional constraints, inconsistent application of administrative sanctions, and varying levels of public awareness and legal compliance. Consequently, the regulatory objective of the SFA policy to ensure effective public health protection has not been fully realized. This study emphasizes the need to strengthen law enforcement mechanisms, enhance coordination between relevant institutions, and ensure consistent application of administrative sanctions to enhance the effectiveness of the policy. From a legal perspective, this article contributes to the discourse on administrative and health law by explaining the role of local government authorities in protecting collective health rights and by proposing legally grounded recommendations to improve the formulation and enforcement of regulations at the regional level.*

Keywords: *Smoke-Free Area (SFA), Public Health, Law Enforcement Mechanisms*

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INTRODUCTION

The phenomenon of smoking and exposure to secondhand smoke remains a crucial public health issue in Indonesia (Andriani et al., 2023; Warouw et al., 2023; Tarigan et al., 2025). High levels of cigarette consumption not only negatively impact individuals who smoke directly but also have serious consequences for others exposed to passive smoking, particularly in public spaces and facilities. Various studies have shown that exposure to secondhand smoke in the environment is significantly linked to an increased risk of cardiovascular disease, lung cancer, and respiratory disorders, particularly in vulnerable groups such as children and women (Gan et al., 2024; Hall & Siddiqi, 2024; Garritsen et al., 2025). Therefore, efforts to control tobacco consumption through public policy instruments, including the implementation of Smoke-Free Areas (SFAs), are a strategic step to protect public health while realizing the right to health as a fundamental human right (Kuipers et al., 2022; Pons-Vigués et al., 2023).

In terms of regulation, the Indonesian government has established a legal framework that authorizes local governments to establish and enforce Smoke-Free Area policies in accordance

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with the characteristics of their respective regions (Sakinah & Fikri, 2026; Dayanti, 2025; Manik et al., 2025). Normatively, various regions have enacted Regional Regulations (Perda) governing Non-Smoking Areas (KTR) as a commitment to public health protection. However, in practice, these policies still face various challenges. Several studies indicate that violations of KTR provisions are still common, even in locations supposedly free from cigarette smoke (Nasution et al., 2022; Ridhayati et al., 2024; Reskiaddin et al., 2025; Suhadi et al., 2025). This situation is influenced, among other things, by weak oversight mechanisms, suboptimal public outreach efforts, and inconsistent application of administrative sanctions for violations (Kramer et al., 2023; Daba et al., 2024; Ridwan et al., 2025; Septiono et al., 2025).

Previous studies have generally focused on empirical analysis of policy implementation, measuring levels of community compliance, and technical evaluations of KTR implementation in specific regions. However, these studies tend to be partial and do not comprehensively link KTR policy enforcement with the perspective of protecting the right to health within an administrative legal framework (Kramer et al., 2023; Reskiaddin et al., 2025; Suhadi et al., 2025). Furthermore, research systematically identifying structural weaknesses in the enforcement of smoke-free area (KTR) policies across regions as part of a more in-depth legal analysis remains limited (Dobbs et al., 2025; Daba et al., 2024; Gnonlonfin et al., 2024).

Based on this background, this study focuses on analyzing the effectiveness of local government enforcement of smoke-free area (KTR) policies from the perspective of protecting the right to health, as well as identifying factors influencing their success and challenges. This research also aims to evaluate the implementation of Regional Regulations related to KTRs in various regions and assess the extent to which these policies contribute to public health protection efforts (Septiono et al., 2024; Septiono et al., 2025; Rahim et al., 2025; Safitri et al., 2025).

This research presents a novel element through an analytical approach that integrates an administrative law perspective with a human rights framework in examining the enforcement of smoke-free area (KTR) policies by local governments. Unlike previous research, which generally focuses on empirical implementation aspects or simply measuring compliance levels, this study positions KTR policies as a legal instrument that plays a strategic role in ensuring the fulfillment of the collective right to health (Pons-Vigués et al., 2023; Daba et al., 2024; Sulistyo et al., 2025).

Furthermore, this study develops a comparative approach to variations in the implementation of KTR policies across regions to identify structural weaknesses in administrative law enforcement, particularly those related to the effectiveness of supervision and the consistency of sanction application. Thus, this study not only provides an overview of the effectiveness of KTR policies, but also contributes to enriching the conceptual framework regarding the role of local governments in ensuring the protection of the right to health through regulatory instruments at the local level.

METHODS

The type of research used in this study is normative legal research, which places law as the system of norms that is the primary focus of analysis. This approach was chosen because this study aims to examine the regulation and enforcement of Smoke-Free Area (KTR) policies by local governments in relation to protecting the right to health. In this context, law is understood not only as a collection of written regulations, but also as a system reflecting principles, doctrines, and objectives oriented towards the public interest. The statute approach is carried out by systematically analyzing various legal instruments relevant to the Smoke-Free Area (KTR) policy. These instruments include the 1945 Constitution of the Republic of Indonesia, specifically Article 28H paragraph (1) concerning the right to health, Law Number 36 of 2009 concerning Health, Government Regulation Number 109 of 2012 concerning the Safeguarding of Materials Containing Addictive Substances in the Form of Tobacco Products for Health, and various Regional Regulations concerning Smoke-Free Areas in several regions in Indonesia. The analysis was conducted to assess the consistency, hierarchy, and consistency of legal norms as the basis

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for the implementation of the KTR policy by local governments. A contextual approach (conceptual approach) was used as an analytical framework to assess the effectiveness of KTR policy enforcement from an administrative law and human rights perspective. The concept of administrative law enforcement is used to facilitate the implementation of local government authority in supervision and the imposition of administrative sanctions. The concept of legal protection is used to assess the extent to which KTR regulations provide guarantees to the community. Meanwhile, the concept of the right to health is explained within the framework of the state's obligation to respect, protect, and fulfill that right. Thus, these concepts are not merely descriptive but are used as analytical tools to examine the relationship between legal norms and their implementation.

The selection of regions in the case study approach was carried out purposively based on several criteria, namely: (1) regions that already have KTR regulations, (2) variations in levels of community compliance (high, medium, and low) as demonstrated in previous empirical studies, and (3) the availability of data from official reports and previous research. This selection aims to provide a comparative overview of the variation in the implementation of KTR policies across regions, thereby identifying structural problem patterns in administrative law enforcement. The legal materials used in this study consist of primary, secondary, and tertiary legal materials. Primary legal materials include laws and regulations related to tobacco control and the KTR policy. Secondary legal materials include books, scientific journals, and research results relevant to the study topic. Tertiary legal materials, such as legal dictionaries and encyclopedias, are used to support understanding of the legal terms and concepts used. Legal materials were collected through a literature review using credible sources, both printed and electronic. The analysis was conducted qualitatively using descriptive-analytical and prescriptive approaches. The descriptive stage is used to systematically outline applicable legal provisions, while the analytical stage aims to assess the suitability of legal norms with their implementation. The prescriptive approach is used to make recommendations to improve the effectiveness of the KTR policy. The legal reasoning in this study uses a deductive method, drawing conclusions from general legal norms to more specific issues. The empirical data used in this study is entirely sourced from previous research and official reports, which serve as supporting material to strengthen the normative legal analysis. Therefore, this research remains within the framework of normative legal research. This research does not collect empirical data directly through interviews, observations, or field surveys. The empirical data used is sourced entirely from previous research and official government reports, which serve as supporting material to strengthen the normative legal analysis. Therefore, this research remains within the framework of normative legal research.

RESULTS AND DISCUSSION

Evaluation of the Implementation and Compliance of Regional Regulations on Smoke-Free Areas (KTR)

The discussion in this study is structured systematically by first outlining the regulatory framework for KTR policies (das sollen), then comparing it with implementation conditions in the field (das sein), to then analyze weaknesses in administrative law enforcement and their implications for the protection of the right to health (Kramer et al., 2023; Teed et al., 2024).

The low level of compliance with the Smoke-Free Area (KTR) policy is not solely influenced by social factors but also reflects the suboptimal oversight function, which is part of the attributable authority of local governments. From an administrative law perspective, oversight plays a strategic role as an instrument to ensure the effective implementation of legal norms in practice. Therefore, inconsistencies in the implementation of oversight and the application of administrative sanctions indicate that this authority has not been optimally exercised, ultimately resulting in weak enforceability of the KTR Regional Regulation in practice (Daba et al., 2024; Suhadi et al., 2025; Ridwan et al., 2025).

From an administrative law perspective, weak oversight and inconsistent application of administrative sanctions indicate a failure in the implementation of attribution authority by local

governments. The authority normatively granted through legislation is not being optimally exercised, resulting in weakened enforceability of legal norms in practice. This situation reflects the failure to fulfill the principles of legal certainty and effectiveness in administrative law enforcement (Kramer et al., 2023; Septiono et al., 2025; Teed et al., 2024).

Furthermore, the ineffective enforcement of the Non-Vacancy Area (KTR) policy also implies that the state is not fulfilling its obligation to protect the right to health. From a human rights perspective, the state has an obligation not only to formulate regulations but also to ensure their effective implementation through consistent oversight and law enforcement. Therefore, the weak implementation of the KTR policy can be interpreted as a manifestation of the state's ineffectiveness in fulfilling its obligation to protect and fulfill the public's right to health (Pons-Vigués et al., 2023; Akter et al., 2023; Chua et al., 2025).

Initial analysis shows that the majority of local governments in Indonesia have established a legal basis for Smoke-Free Areas (KTR) in the form of Regional Regulations (Perda) or other supplementary regulations. According to data from the World Health Organization (WHO) Indonesia, by mid-2023, approximately 456 of 520 regencies/cities, or approximately 86%, had implemented smoke-free area policies. Despite widespread adoption of these regulations, implementation on the ground still faces various obstacles, particularly related to consistent enforcement, supervision, and monitoring of compliance with these regulations. (WHO Indonesia, 2023). This situation indicates that although normative authority has been granted to local governments, from an administrative law perspective, there has been a failure of enforcement. This reflects a gap between das sollen and das sein, which ultimately weakens the enforceability of these regulations (Kramer et al., 2023; Reskiaddin et al., 2025; Septiono, 2024).

The high adoption rate of Smoke-Free Area (KTR) policies by local governments does not necessarily indicate the substantial success of their implementation. From an administrative law perspective, the existence of legal norms cannot be assessed solely on the formal aspects of their formation; rather, they must be tested through the level of compliance and consistency of their enforcement in the field. Therefore, the high adoption rate of KTR regulations actually indicates a fundamental problem in implementation: a significant gap between the idealized normative construction (das sollen) and the prevailing empirical reality (das sein). This condition indicates that existing regulations tend to remain symbolic and have not yet fully functioned as effective instruments in controlling public behavior (Daba et al., 2024; Teed et al., 2024; Gnonlonfin et al., 2024).

This situation indicates that regulations tend to be symbolic and have not yet functioned instrumentally in changing public behavior. From a legal perspective, this reflects weak legal certainty and the suboptimal effectiveness of norms in practice (Thaivalappil et al., 2023; Septiono, 2024; Garritsen et al., 2022). In this context, despite the increasing number of KTR regulations, public compliance with the ban on smoking in public areas remains relatively low. As a result, exposure to secondhand smoke continues to occur in various public locations. This confirms that the existence of formal regulations alone is insufficient without the support of effective law enforcement and ongoing monitoring mechanisms by local governments (Daba et al., 2024; Rahim et al., 2025; Garritsen et al., 2025).

Various field studies have shown that public and business compliance with KTR policies remains inadequate, particularly outside of healthcare facilities and educational institutions. For example, a study in Kendari City found that only around 7.5% of public locations fully comply with the KTR Regional Regulation. Many locations still display cigarette butts, lack signage, and lack enforcement of administrative sanctions, indicating a gap between regulations and practice. This low level of compliance is influenced by several factors, including: (1) High exposure to cigarette advertising and a social smoking culture, which reduces the effectiveness of public health messages; (2) Lack of outreach and education for the public and businesses, resulting in many residents still not understanding the KTR regulations in their respective locations; (3) Weak consistency in administrative law enforcement, with relevant authorities at the regional

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level failing to conduct routine and effective inspections and impose sanctions (Suhadi et al., 2025; Reskiaddin et al., 2025; Chowdhury et al., 2023).

These findings indicate that low compliance rates are not solely a social issue, but rather reflect structural weaknesses in administrative law enforcement. In this regard, local governments have not optimally exercised their attributional authority to ensure compliance with established legal norms (Kramer et al., 2023; Mengesha et al., 2024; Ahsan et al., 2022). Evaluations in several regions, including major cities, have shown that systematic outreach strategies and strict law enforcement play a significant role in increasing compliance with the KTR policy. Activities such as installing no-smoking signs, training supervisors, and advocacy for the public and businesses are integral to policy implementation. For example, at Yogyakarta International Airport (YIA), despite the presence of no-smoking signs and adequate smoking rooms, visitor understanding of the regulations remains limited, indicating the need to improve the quality of education and outreach (Gnonlonfin et al., 2024; Pons-Vigués et al., 2023; Fu et al., 2023).

Empirical findings from several regions indicate that the implementation of the KTR policy still faces structural weaknesses. This is reflected in the high dependence on the commitment of local actors and the lack of an institutionalized and sustainable oversight mechanism. Therefore, the emerging problems cannot be viewed as incidental cases but rather demonstrate a systemic nature, necessitating the formulation of more comprehensive and integrated policies to address them (Teed et al., 2024; Daba et al., 2024; Basnet et al., 2022).

Another study at the Mangunreja Community Health Center in Tasikmalaya Regency showed that knowledge, attitudes, education level, and availability of facilities are important factors determining compliance with the KTR policy. Of all these variables, public knowledge is the most dominant factor influencing compliance with the regulations. In addition, the WHO and the Ministry of Health have developed the Indonesia KTR Monitor Dashboard and application as tools for monitoring and reporting compliance, which provide a crucial contribution to regional officials in evaluating policy implementation on the ground (Septiono et al., 2024; Reskiaddin et al., 2025; Nasution et al., 2022).

From an administrative law enforcement perspective, regional governments serve a dual role as regulators and supervisors. The success of KTR implementation depends heavily on several aspects, including: (1) Determination of mandatory smoke-free public locations, including healthcare facilities, schools, workplaces, and other public facilities; (2) Cross-sectoral coordination, including health departments, Public Order Agency (Satpol PP), education departments, and other relevant agencies, to ensure integrated oversight; (3)Imposing firm and consistent administrative sanctions, although this remains a challenge due to suboptimal enforcement in many regions (Kramer et al., 2023; Ridwan et al., 2025; Kakarla et al., 2024).

Thus, the role of local governments is not limited to formulating regulations but also encompasses resource management, continuous monitoring, and community engagement in effectively supporting the protection of the right to health. Evaluation results indicate that effective implementation of the Smoke-Free Area (KTR), accompanied by a high level of compliance, will have a significant positive impact on protecting the right to public health, particularly in reducing the risk of exposure to secondhand smoke. However, low compliance and weaknesses in public awareness and administrative law enforcement remain major obstacles to realizing a truly healthy public environment (Rahim et al., 2025; Septiono et al., 2025; Been et al., 2021).

Therefore, a comprehensive strategy is needed from local governments to strengthen the implementation of the KTR, including increasing the capacity of officials, improving the monitoring and evaluation system, and increasing public participation in oversight. These efforts are expected to strengthen the protection of the right to health and achieve the primary objectives of the Smoke-Free Area policy (Daba et al., 2024; Reskiaddin et al., 2025; Prabandari et al., 2022).

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In addition to a general overview of the adoption of KTR regulations in various regions, a more in-depth assessment of implementation and compliance levels requires reference to empirical findings from a number of studies in various cities and regencies across Indonesia. This evaluation will illustrate the extent to which the established regulations are actually implemented in the field and are able to achieve the objectives of protecting public health, among others (Kramer et al., 2023; Nasution et al., 2022; Kim & Kweon, 2025).

Variations in Implementation Between Regions

Empirical studies show that although many local governments have established regulations on smoke-free areas (KTR), their implementation in the field remains variable and inconsistent. An evaluation study of the KTR policy in North Bengkulu Regency, for example, showed that despite the legal basis established through Regional Regulation No. 7 of 2016, implementation of the regulation was heavily influenced by the support of area managers and the commitment of local stakeholders. This confirms that the mere existence of regulations is insufficient without operational support from local officials and community participation.

Research in West Tanjung Jabung Regency, Jambi Province, also found that the implementation of the Smoke-Free Area policy still faces several obstacles, such as low public awareness, suboptimal supervision, and low levels of compliance. These findings suggest that internal regional factors, including socialization patterns, cross-sector coordination, and supervisory capacity, significantly influence the effectiveness of KTR implementation. At the agency level, for example, at the Yogyakarta City Health Office, based on Regional Regulation No. 2 of 2017, research showed that some employees still smoke in smoke-free areas because strict sanctions have not been implemented optimally and supervision is relatively weak. This situation demonstrates that even though smoking bans have been formally regulated, the biggest challenges often arise from the behavior of officials and the public.

Table 1. Comparison of KTR Policy Implementation in Several Regions

Regions	Compliance Level	Main Obstacles	Enforcement records
Kendari	Very low (±7.5%)	Minimal socialization, weak supervision	Many violations in public facilities
Yogyakarta	Moderate	Inconsistent sanctions	Violations in government agencies
Bandung	Variable	Weak inter-agency coordination	Implementation depends on local oversight
Deli Serdang Regency	Low	Low public awareness	Socialization is not optimal
North Bengkulu Regency	Low-moderate	Weak stakeholder support	Implementation depends on local commitment

The compliance level classifications in this table are based on findings from various empirical studies conducted in each region, as referenced in the literature. These categories are used for comparative purposes, not as absolute quantitative measures. Therefore, this table serves as an illustration to support normative analysis of the gap between legal norms and their implementation practices. Therefore, this table is not intended as a quantitative generalization, but rather as a representation of general patterns in the implementation of KTR policies in various regions.

Compliance in Public Facilities: Low Compliance Rates

Violations of the KTR regulations were also identified through observational research at various locations. In Kendari City, only around 7.5% of public locations fully comply with the KTR Regional Regulation, while most locations still show non-compliance, such as a lack of smoking ban signs, the presence of cigarette butts, and limited designated smoking areas. This confirms

that even though an area has been administratively designated as a KTR, practices on the ground do not fully reflect these provisions.

These empirical findings reveal several key obstacles, including: (1) Many places display "No Smoking" signs that are incomplete or do not include information about penalties, making them less effective in preventing violations; (2) The lack or limited availability of designated smoking areas that meet standards encourages smokers to continue smoking in areas that should be smoke-free; (3) Promotions and advertisements of tobacco products are still found around smoke-free areas, which fundamentally contradicts the goal of protecting public health and undermines the message of the smoke-free policy. These findings indicate that public and business compliance with the KTR Regional Regulation remains variable and tends to be low, particularly outside of healthcare and educational facilities. This is consistent with WHO data showing persistently high levels of secondhand smoke exposure in various public facilities despite the implementation of the regulation.

Factors Inhibiting KTR Implementation

Based on various evaluation studies in the regions, several inhibiting factors frequently emerge, including:

Weak Socialization and Education

The lack of socialization activities is one of the main obstacles to the implementation of the Non-Smoking Area (KTR). Many residents do not understand the area boundaries, types of sanctions, and the health reasons behind the policy. As a result, smoking in public areas remains common due to a lack of understanding of the regulation's objectives. This aligns with findings in Kendari, which showed a low public understanding of the substance of the regulation, resulting in low compliance.

This indicates that the government has not optimally fulfilled its administrative obligation to disseminate legal norms to the public. However, dissemination is a crucial part of ensuring the effective implementation of public policy. Furthermore, other studies have revealed that poorly planned socialization strategies that do not reach all levels of society make this policy less effective in changing deeply rooted smoking habits.

Limited Resources and Supervisory Capacity

Another important obstacle is the limited resources and capacity of supervisory officials, both in terms of personnel and technical capabilities. Many regions do not have a dedicated task force or supervisors who consistently handle the implementation of the Non-Smoking Area (KTR). This situation often results in irregular monitoring and enforcement of administrative sanctions, often merely a formality without any real impact. Overall, these various inhibiting factors reflect that the implementation of the KTR policy is still not supported by a robust and effective institutional system. The absence of a structured oversight mechanism, coupled with the suboptimal internalization of norms within society, has resulted in this policy not being able to function optimally in achieving its goal of public health protection.

Improvement and Innovation Efforts in KTR Implementation

To address these various obstacles, a number of strategic steps have been taken by the central and regional governments, primarily through the use of technology and strengthening cross-sectoral coordination.

Smoke-Free Area Dashboard and Monitoring Application

To improve monitoring effectiveness, WHO Indonesia, in collaboration with the Ministry of Health, launched the Smoke-Free Area Dashboard and the Indonesian Smoke-Free Area Monitoring application. This system enables regional governments and the Smoke-Free Area task force to document inspections, assess compliance, and conduct evaluations based on measurable

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indicators such as regulations, enforcement, and community compliance. This innovation provides factual data that can encourage more effective policy enforcement.

The dashboard also enables performance comparisons between regions, allowing low-performing areas to learn from best practices in other regions, while strengthening the commitment to improving Smoke-Free Area implementation nationally. The use of digital technology, such as the Smoke-Free Area Dashboard, is fundamentally an innovative step in supporting policy oversight. However, its effectiveness is largely determined by the extent to which regional governments are committed to integrating the system into concrete and sustainable monitoring practices. Without follow-up through consistent law enforcement, the use of this technology has the potential to remain merely administrative and unable to make a significant contribution to improving compliance with Smoke-Free Area policies.

Training and Capacity Building for Regional Officials

WHO Indonesia, in collaboration with the Ministry of Health, also held various training sessions and workshops to improve the capacity of regional officials in enforcing smoke-free area regulations. Training materials covered the use of digital technology, inspection techniques, and cross-sector coordination to strengthen enforcement effectiveness. These efforts are crucial in improving the technical capabilities of regional officials to address implementation challenges.

Impact of Policy on Public Health

Although various challenges remain, evaluations show that the implementation of the Smoke-Free Area (KTR) Regional Regulation can have a significant positive impact on protecting the right to health if implemented consistently. WHO data shows that exposure to secondhand smoke remains high in various settings: 74.2% in restaurants, 51% in government buildings, and 45% in indoor workplaces according to the 2021 GATS, indicating a significant opportunity to strengthen protection against secondhand smoke.

This protection not only serves to prevent diseases caused by secondhand smoke exposure but also plays a role in establishing new social norms that are more supportive of a healthy, smoke-free environment. Therefore, the KTR Regional Regulation has significant potential as an instrument for achieving broader public health goals.

Impact of Enforcing the Smoke-Free Area (KTR) Policy on the Protection of the Right to Public Health

KTR as a Legal Instrument

The Smoke-Free Area (SFA) policy not only functions as a means of controlling public behavior, but also serves as a preventative legal instrument to protect public health interests. From an administrative law perspective, this policy reflects the state's role in intervening in health risk factors by restricting smoking in public spaces. However, the effectiveness of this policy is largely determined by consistent law enforcement at the local government level. The absence of a structured and sustainable oversight system has the potential to cause established norms to lose their enforceability. Therefore, the success of SFA implementation depends not only on the existence of regulations but also on the government's capacity to ensure their concrete implementation on the ground.

Human Rights Perspective

Within the human rights framework, the right to health is a fundamental right that encompasses not only access to health services but also ensures a healthy environment free from various risks. In this context, the SFA policy can be understood as part of the state's responsibility to protect the public from exposure to harmful cigarette smoke. In this context, the weak enforcement of KTR policies can be interpreted as a form of the state's suboptimality in fulfilling its obligations to respect, protect, and fulfill the right to public health. The inability to enforce this policy not only increases the risk of public health problems but also indicates a suboptimal fulfillment of the state's obligation to guarantee the right to health. Thus, the implementation of

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the Non-Smoking Area (KTR) has a human rights dimension that requires commitment and consistency from local governments in its implementation.

Impact on Public Health

From a public health perspective, the implementation of the Non-Smoking Area (KTR) policy has been proven to contribute to reducing exposure to secondhand smoke in various public facilities (World Health Organization, 2021). This reduced exposure implies a reduced risk of various non-communicable diseases, such as cardiovascular disease, lung cancer, and respiratory disorders related to tobacco consumption (U.S. Department of Health and Human Services, 2014). In addition to these direct impacts, the Non-Smoking Area (KTR) policy also has an indirect effect in the form of changes in smoking behavior in the community. Restricting smoking spaces tends to reduce the frequency of tobacco consumption while increasing awareness of the dangers of smoking. Thus, this policy serves not only as a health protection instrument but also as a behavioral control mechanism with long-term impacts.

Social Impact and Protection of Vulnerable Groups

Besides the health aspect, the Non-Smoking Area (KTR) policy also has significant social implications. Restricting smoking activities in public spaces gradually encourages a shift in social norms, where smoking is no longer fully accepted in shared spaces. This contributes to building collective public awareness of the importance of a healthy environment. Furthermore, this policy plays a strategic role in providing protection for vulnerable groups, such as children, pregnant women, and the elderly, who are more susceptible to the negative impacts of secondhand smoke exposure. Therefore, non-smoking areas can be viewed as a form of preventative protection that impacts not only individuals but also the overall health of the community. Thus, the main problem in implementing the KTR policy lies not in the absence of legal norms, but rather in weak administrative law enforcement. This underscores the importance of strengthening institutional capacity, consistent sanction enforcement, and improved inter-agency coordination to ensure effective protection of the right to health.

CONCLUSION

Based on this description, it can be emphasized that the main problem in the implementation of the Smoke-Free Area (KTR) policy in Indonesia is not caused by the absence of regulations, but rather by weak administrative law enforcement and the suboptimal effectiveness of oversight mechanisms. This situation indicates the need to strengthen the institutional capacity of local governments, accompanied by consistency in the application of sanctions, so that the KTR policy can be more effective in ensuring the protection of the right to public health. This study concludes that the successful implementation of the Smoke-Free Area (KTR) policy by local governments in Indonesia is significantly influenced by several key factors. These factors include the quality of implementation of Regional Regulations, the level of public and business compliance with the regulations, and consistency in the implementation of oversight mechanisms and the imposition of administrative sanctions. The study's findings indicate that the existence of formal regulations alone is not sufficient to guarantee the protection of the right to public health; the success of KTR implementation depends heavily on the public's understanding of the policy's objectives, their compliance with the rules, and the active involvement of various parties in oversight activities. Thus, this study successfully addresses its primary objective: to evaluate the effectiveness of KTR policy enforcement and assess its contribution to protecting the right to public health, while simultaneously identifying obstacles that arise during the policy implementation process. Further findings indicate that the implementation of a structured outreach strategy, effective coordination between sectors, and consistency in administrative law enforcement are crucial elements for the successful implementation of the KTR policy. The use of monitoring technology, such as the Indonesian KTR Monitor dashboard and application, has proven to be a strategic tool for local governments to conduct ongoing evaluations, monitor compliance, and ensure policies are implemented in accordance with public health protection goals. Based on these results, several recommendations

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can be put forward. First, local governments need to increase the capacity of their apparatus in supervision, field inspections, and enforcement of administrative sanctions, so that policy implementation can be consistent and effective. Second, more intensive and planned education and outreach to the public and business actors is needed to foster understanding and improve compliance with the KTR Regional Regulation. Third, strengthening cross-sectoral collaboration, including health offices, Public Order Agency (Satpol PP), education offices, and community organizations, is necessary to create integrated and comprehensive oversight. Fourth, future research is recommended to expand the scope of evaluations, including long-term assessments of the impact of KTR on public health, the development of evidence-based evaluation indicators, and the use of more sophisticated monitoring technology to measure policy effectiveness in real time. By implementing these measures, it is hoped that the enforcement of the Smoke-Free Area policy will not only increase public compliance but also strengthen the protection of the right to public health, create a healthier public environment, and become a tangible instrument for local governments in supporting sustainable public health development. This research also provides a basis for developing a more comprehensive and evidence-based policy, which can serve as a reference for other regions in implementing the Smoke-Free Area strategy effectively and efficiently.

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